

# TACTICAL RESPONSE REPORT/Chicago Police Department

| MEMBER INVOLVED<br><br><input type="checkbox"/> DNA<br><br>SUBJECT INFORMATION  | 1. DATE OF INCIDENT<br><b>15-JAN-2017</b>   | TIME<br><b>00:24:00</b>   | 2. ADDRESS OF OCCURRENCE<br><b>3348 W MONROE ST CHICAGO, IL 60624</b>   | 3. LOCATION CODE<br><b>200</b>  | 4. BEAT/OCCUR<br><b>1124</b>  | 5. VIDEO RECORDED INCIDENT<br><input checked="" type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA<br><input type="checkbox"/> 03 OTHER REPT/VIDEO |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
|---|---|---|---|---|---|--|--|---|--|--|-----------------------|------------------|-----------------|--------------------|--------------------|-------------------------|---------------------------------|-------------------------------------|------|-------------------------------------|----------------------------|-------------------------------------|-------------------------|--------------------------|-------------|--------------------------|--------------------|--------------------------|-------------|--------------------------|-------------|-------------|-----------------------|--------------------------|--|--|--|--------------------|-------------|--------------------|-----------------|-------------------------------------|------------------|--------------------------|--------------|--------------------------|-----------------|-------------------------------------|-----------------------------------|--------------------------|-------------|--------------------------|--------------|--------------------------|--------------------|--------------------------|---------|-------------------------------------|-----------|--------------------------|--------|--------------------------|--|--|--------|--------------------------|-------------------------|--------------------------|--|--|--------------------------|--------------------------|---|--------------------------|--|--|--------------------|--------------------------|----------------------|--------------------------|--|--|------------------------------------|--------------------------|---|--------------------------|--|--|-------------------------|--------------------------|-------------------|--------------------------|--|--|-------------|--------------------------|---|--------------------------|--|--|--|--------------------------|-------------|------------------------------------|--------------------------------------|-------------|
|   | 6. POSITION<br><b>9161</b>  | 7. LAST NAME<br><b>COLLAZO</b>  | 8. FIRST NAME<br><b>ANGEL O</b>   | 9. STAR NO.<br><b>4679</b>  | 10. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F   | 11. RACE CODE<br><b>S</b>  | 12. AGE<br><b>509</b>                        | 13. HT.<br><b>160</b>                     | 14. WT.<br><b>509</b>                        |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
|   | 15. DATE OF APPT.<br><b>28-JUL-2008</b>   | 16. EMPLOYEE NO.<br><b>015</b>  | 17. UNIT & BEAT OF ASSIGNMENT<br><b>4316C</b>   | 18. DUTY STATUS<br><input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off                | 19. MEMBER INJURED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  | 20. MEMBER IN UNIFORM?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
|   | 21. LAST NAME<br><b>JOHNSON</b>   | 22. FIRST NAME<br><b>HERBERT</b>  | 23. M.I.<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F  | 24. SEX<br><b>BLK</b>   | 25. RACE<br><b>23-MAR-1982</b>  | 26. D.O.B.<br><b>602</b>   | 27. HT.<br><b>140</b>                        | 28. WT.<br><b>509</b>                     |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
|   | 29. ADDRESS<br><b>10 S KEDZIE AVE CHICAGO, IL 60624</b>   | 30. TELEPHONE NO.   | 31. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC, OTHER (SPECIFY)<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | 32. SUBJECT INJURED BY MEMBER?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | 33. SUBJECT ALLEGED INJURY BY MEMBER?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No  |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
|   | 34. IF SUBJECT INJURED, DESCRIBE INJURY<br><br><b>ER PHYSICIAN</b>  | <input type="checkbox"/> 01 Fatal<br><input type="checkbox"/> 02 Non-Fatal - Major Injury<br><input type="checkbox"/> 03 Non-Fatal - Minor Injury                         | 35. WHERE WAS MEDICAL TREATMENT OBTAINED?<br><b>MOUNT SINAI HOSPITAL</b>  | 36. BY WHOM?<br><br><b>ER PHYSICIAN</b>   | 37. CONDITION<br><input checked="" type="checkbox"/> 01 Apparently Normal<br><input type="checkbox"/> 02 Under Influence<br><input type="checkbox"/> 03 Hospitalized<br><input type="checkbox"/> 04 Not Hospitalized<br><input type="checkbox"/> 05 Refused Medical Aid |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
|   | 38. CHARGES PLACED  | <input type="checkbox"/> DNA  | 39. CB NO.<br><b>19423018</b>   | 40. IR NO.  | <input type="checkbox"/> DNA  |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
|   | <table border="1"> <thead> <tr> <th>40. SUBJECT'S ACTIONS</th> <th>PASSIVE RESISTER</th> <th>ACTIVE RESISTER</th> <th>ASSAILANT: ASSAULT</th> <th>ASSAILANT: BATTERY</th> <th>ASSAILANT: DEADLY FORCE</th> </tr> </thead> <tbody> <tr> <td>DID NOT FOLLOW VERBAL DIRECTION</td> <td><input checked="" type="checkbox"/></td> <td>FLED</td> <td><input checked="" type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT)</td> <td><input type="checkbox"/></td> <td>PULLED AWAY</td> <td><input type="checkbox"/></td> <td>ATTACK WITH WEAPON</td> <td><input type="checkbox"/></td> </tr> <tr> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td>OTHER _____</td> <td>ATTACK WITHOUT WEAPON</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>PERCEIVED AS _____</td> <td>OTHER _____</td> <td>PERCEIVED AS _____</td> </tr> <tr> <td>MEMBER PRESENCE</td> <td><input checked="" type="checkbox"/></td> <td>OPEN HAND STRIKE</td> <td><input type="checkbox"/></td> <td>ELBOW STRIKE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>VERBAL COMMANDS</td> <td><input checked="" type="checkbox"/></td> <td>TAKE DOWN / EMERGENCY HANDCUFFING</td> <td><input type="checkbox"/></td> <td>KNEE STRIKE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ESCORT HOLDS</td> <td><input type="checkbox"/></td> <td>OC CHEMICAL WEAPON</td> <td><input type="checkbox"/></td> <td>FIREARM</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>WRISTLOCK</td> <td><input type="checkbox"/></td> <td>CANINE</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>ARMBAR</td> <td><input type="checkbox"/></td> <td>TASER (Probe Discharge)</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>PRESSURE SENSITIVE AREAS</td> <td><input type="checkbox"/></td> <td>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>CONTROL INSTRUMENT</td> <td><input type="checkbox"/></td> <td>TASER (Contact Stun)</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>OC/CHEMICAL WEAPON W/AUTHORIZATION</td> <td><input type="checkbox"/></td> <td>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>LRAD WITH AUTHORIZATION</td> <td><input type="checkbox"/></td> <td>TASER (ARC Cycle)</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td>IMPACT WEAPON (Describe in Box 40)</td> <td>IMPACT MUNITION (Describe in Box 40)</td> <td>OTHER _____</td> </tr> </tbody> </table> |   |   |   |   |  |  |   |  |  | 40. SUBJECT'S ACTIONS | PASSIVE RESISTER | ACTIVE RESISTER | ASSAILANT: ASSAULT | ASSAILANT: BATTERY | ASSAILANT: DEADLY FORCE | DID NOT FOLLOW VERBAL DIRECTION | <input checked="" type="checkbox"/> | FLED | <input checked="" type="checkbox"/> | IMMINENT THREAT OF BATTERY | <input checked="" type="checkbox"/> | STIFFENED (DEAD WEIGHT) | <input type="checkbox"/> | PULLED AWAY | <input type="checkbox"/> | ATTACK WITH WEAPON | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | OTHER _____ | OTHER _____ | ATTACK WITHOUT WEAPON | <input type="checkbox"/> |  |  |  | PERCEIVED AS _____ | OTHER _____ | PERCEIVED AS _____ | MEMBER PRESENCE | <input checked="" type="checkbox"/> | OPEN HAND STRIKE | <input type="checkbox"/> | ELBOW STRIKE | <input type="checkbox"/> | VERBAL COMMANDS | <input checked="" type="checkbox"/> | TAKE DOWN / EMERGENCY HANDCUFFING | <input type="checkbox"/> | KNEE STRIKE | <input type="checkbox"/> | ESCORT HOLDS | <input type="checkbox"/> | OC CHEMICAL WEAPON | <input type="checkbox"/> | FIREARM | <input checked="" type="checkbox"/> | WRISTLOCK | <input type="checkbox"/> | CANINE | <input type="checkbox"/> |  |  | ARMBAR | <input type="checkbox"/> | TASER (Probe Discharge) | <input type="checkbox"/> |  |  | PRESSURE SENSITIVE AREAS | <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | <input type="checkbox"/> |  |  | CONTROL INSTRUMENT | <input type="checkbox"/> | TASER (Contact Stun) | <input type="checkbox"/> |  |  | OC/CHEMICAL WEAPON W/AUTHORIZATION | <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | <input type="checkbox"/> |  |  | LRAD WITH AUTHORIZATION | <input type="checkbox"/> | TASER (ARC Cycle) | <input type="checkbox"/> |  |  | OTHER _____ | <input type="checkbox"/> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> | OTHER _____ | IMPACT WEAPON (Describe in Box 40) | IMPACT MUNITION (Describe in Box 40) | OTHER _____ |
|   | 40. SUBJECT'S ACTIONS   | PASSIVE RESISTER  | ACTIVE RESISTER   | ASSAILANT: ASSAULT  | ASSAILANT: BATTERY  | ASSAILANT: DEADLY FORCE  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
|   | DID NOT FOLLOW VERBAL DIRECTION   | <input checked="" type="checkbox"/>   | FLED  | <input checked="" type="checkbox"/>   | IMMINENT THREAT OF BATTERY  | <input checked="" type="checkbox"/>  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| STIFFENED (DEAD WEIGHT)   | <input type="checkbox"/>  | PULLED AWAY   | <input type="checkbox"/>  | ATTACK WITH WEAPON  | <input type="checkbox"/>  |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| OTHER _____   | <input type="checkbox"/>  | OTHER _____   | OTHER _____   | ATTACK WITHOUT WEAPON   | <input type="checkbox"/>  |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
|   |   |   | PERCEIVED AS _____  | OTHER _____   | PERCEIVED AS _____  |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| MEMBER PRESENCE   | <input checked="" type="checkbox"/>   | OPEN HAND STRIKE  | <input type="checkbox"/>  | ELBOW STRIKE  | <input type="checkbox"/>  |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| VERBAL COMMANDS   | <input checked="" type="checkbox"/>   | TAKE DOWN / EMERGENCY HANDCUFFING   | <input type="checkbox"/>  | KNEE STRIKE   | <input type="checkbox"/>  |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| ESCORT HOLDS  | <input type="checkbox"/>  | OC CHEMICAL WEAPON  | <input type="checkbox"/>  | FIREARM   | <input checked="" type="checkbox"/>   |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| WRISTLOCK   | <input type="checkbox"/>  | CANINE  | <input type="checkbox"/>  |   |   |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| ARMBAR  | <input type="checkbox"/>  | TASER (Probe Discharge)   | <input type="checkbox"/>  |   |   |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| PRESSURE SENSITIVE AREAS  | <input type="checkbox"/>  | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>   | <input type="checkbox"/>  |   |   |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| CONTROL INSTRUMENT  | <input type="checkbox"/>  | TASER (Contact Stun)  | <input type="checkbox"/>  |   |   |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| OC/CHEMICAL WEAPON W/AUTHORIZATION  | <input type="checkbox"/>  | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>   | <input type="checkbox"/>  |   |   |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| LRAD WITH AUTHORIZATION   | <input type="checkbox"/>  | TASER (ARC Cycle)   | <input type="checkbox"/>  |   |   |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| OTHER _____   | <input type="checkbox"/>  | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>   | <input type="checkbox"/>  |   |   |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
|   | <input type="checkbox"/>  | OTHER _____   | IMPACT WEAPON (Describe in Box 40)  | IMPACT MUNITION (Describe in Box 40)  | OTHER _____   |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| 41. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)   |   |   | RANK  | STAR NO.  | UNIT NO.  | 42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL?   |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No   |   |   | <input checked="" type="checkbox"/> 01 Yes  | <input type="checkbox"/> 02 No  | <input type="checkbox"/> 01 Yes   | <input checked="" type="checkbox"/> 02 No  | <input type="checkbox"/> 01 Yes              | <input checked="" type="checkbox"/> 02 No |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| 43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT?   |   |   | 44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY  |   |   | 45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY?   |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No   |   |   | <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   |   |   | <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member                                       |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| 46. WEAPON TYPE   |   | <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL   | 47. INCIDENT OCCURRED   |   | 48. LIGHTING CONDITIONS   |  | 49. WEATHER CONDITIONS                       |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| <input type="checkbox"/> 01 REVOLVER  |   | <input type="checkbox"/> 05 CHEMICAL WEAPON   | <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors   |   | <input type="checkbox"/> 01 Daylight<br><input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk<br><input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial                       |  | CLEAR  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| <input type="checkbox"/> 02 RIFLE   |   | <input type="checkbox"/> 06 TASER (Probe Discharge)   | 50. MAKE/MANUFACTURER   |   | 51. MODEL   | 52. BARREL LENGTH  | 53. CALIBER/GAUGE                            |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| <input type="checkbox"/> 03 SHOTGUN   |   | <input type="checkbox"/> 07 OTHER   | GLOCK, INC.-AU-   |   | 19  | 4.01   | 9 MM   |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| 54. TASER DART ID NO.   |   | 55. WEAPON SERIAL NO. (Include Letters)   |   | 56. CHICAGO GUN REG. NO.  |   | 57. IL FIREARM OWNER ID. NO.   |  | 58. HANDGUN CERTIFICATE NO.               |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| TCK602  |   | R027783S  |   | 1610388937  |   |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| 59. SPECIAL WEAPON CERTIFICATE NO.  |   | 60. PROPERTY INVENTORY NO.  |   | 61. TYPE OF AMMUNITION USED   |   | 62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.  | 63. TOTAL NO. OF SHOTS MEMBER FIRED          |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
|   |   |   |   | Department Issued   |   | 1  | 4  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| 64. WHO FIRED FIRST SHOT  |   | <input type="checkbox"/> 03 OTHER (SPECIFY)   | 65. WAS FIREARM RELOADED DURING INCIDENT  |   | 66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED  | 67. HOW WAS MEMBER'S HANDGUN WORN  | 68. WAS MEMBER'S HANDGUN DRAWN               |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| <input checked="" type="checkbox"/> 01 MEMBER   |   | <input type="checkbox"/> 02 OFFENDER  | <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO   |   | 0   | <input type="checkbox"/> 03 OTHER (Specify)  | <input type="checkbox"/> 01 RT. SIDE (WAIST) |   | <input type="checkbox"/> 02 LT. SIDE (WAIST) |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| 69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD   |   | 70. DID MEMBER USE SIGHTS   |   |   |   | <input checked="" type="checkbox"/> 01 YES   |  | <input type="checkbox"/> 02 NO            |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| 71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)   |   | 72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED   |   |   |   |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| NONE  |   | <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. |   |   |   |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| 73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON  |   | 74. POSITION OF MEMBER DISCHARGING WEAPON   |   |   |   |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE      |   | <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING           |   |   |   |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |
| <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION |   | <input type="checkbox"/> 05 OTHER (SPECIFY)   |   |   |   |  |  |   |  |  |                       |                  |                 |                    |                    |                         |                                 |                                     |      |                                     |                            |                                     |                         |                          |             |                          |                    |                          |             |                          |             |             |                       |                          |  |  |  |                    |             |                    |                 |                                     |                  |                          |              |                          |                 |                                     |                                   |                          |             |                          |              |                          |                    |                          |         |                                     |           |                          |        |                          |  |  |        |                          |                         |                          |  |  |                          |                          |   |                          |  |  |                    |                          |                      |                          |  |  |                                    |                          |   |                          |  |  |                         |                          |                   |                          |  |  |             |                          |   |                          |  |  |  |                          |             |                                    |                                      |             |

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7

1701500273

JAI16493

7. EVENT NO.  
78. R.D. NO.

|                  |  |  |   |  |  |
|------------------|--|--|---|--|--|
| CASE INFORMATION | 77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE<br>NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC<br>NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC<br>Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. |  |   | 1701500273<br>75. EVENT NO.  |  |
|                  | 78. ADDITIONAL INFORMATION<br><b>OFDR. JOHNSON DURING A FOOT PURSUIT RETRIEVED A FIREARM FROM HIS WAISTBAND AREA AND POINTED IT AT PO COLLAZO. PO COLLAZO IN FEAR OF HIS LIFE DISCHARGED HIS FIREARM STRIKING OFDR. JOHNSON.</b>   |  |   |  |  |
| SIGNATURES       | 79. REPORTING MEMBER (Print Name)<br><b>COLLAZO, ANGEL O</b><br>15-JAN-2017 06:32:30   |  | STAR/EMPLOYEE NO.<br><b>4679</b><br> | SIGNATURE<br> | JA116493<br>76. R.D. NO.                               |
|                  | Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.   |  |   |  |  |
|                  | 80. REVIEWING SUPERVISOR (Print Name)<br><b>ESCALANTE, EDUARDO</b>   |  | STAR NO.<br><b>2295</b><br>          | SIGNATURE<br> | DATE REVIEWED      TIME<br><b>15-JAN-2017 06:37:21</b> |

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

**81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE**
 DNA

 REFUSED

 INTERVIEW NOT CONDUCTED (Specify Reason)

Subject in surgery at time of report.

**82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS**

U 17 &#8211; 03. While on patrol, Officer Collazo and his partner hear loud reports and are directed by a witness to a subject fleeing from the scene where (3) individuals were just shot. The officers pursue the subject. Officer Collazo was confronted by the armed assailant who pointed a handgun in his direction in a vacant lot area. Officer Collazo fired his weapon in response striking the offender. A Magnum Research Corp. .40 Caliber Semi Auto was recovered from the scene. IPRA investigators were on the scene of the investigation. The information available at the time of this report indicates that the officer's actions were in compliance with Department directives relative to use of force.

**83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY**

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

**84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION**

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1083687 OBTAINED

**85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)**

**NAGODE, ALFRED J**

**86. TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)**

**87. DISTRIBUTION OF TRR:**

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

DATE COMPLETED TIME

**15-JAN-2017 06:42:33**